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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

10803

First Named Inventor

CHRISTOPHER BILLINGS

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CLUSTER ASSEMBLY

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

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(if applicable).

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.


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DECLARATION — Utility or Design Patent Application

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| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 27015 | | OR <input type="checkbox"/> Correspondence address below | |
| Name CHARLES L. THOEMING/Bielen, Lampe & Thoeming, P.A. | | | |
| Address 1990 NORTH CALIFORNIA BLVD., SUITE 720 | | | |
| City WALNUT CREEK | | State CA | ZIP 94596 |
| Country U.S. | Telephone 925.937.1515 | Fax 925.937.1529 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) CHRISTOPHER | | Family Name or Surname BILLINGS | |
| Inventor's Signature  | | | Date 10/31/03 |
| Residence: City | State CA | Country U.S. | Citizenship U.S. |
| Mailing Address 2535 Vintage Street | | | |
| City Napa | State CA | ZIP 94558 | Country U.S. |
| NAME OF SECOND INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | Family Name or Surname | |
| Inventor's Signature | | | Date |
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| Given Name (first and middle [if any]) JOSE A. | | Family Name or Surname ROBLEDO | |
| Inventor's Signature <i>Jose A. Robledo</i> | | Date 10/30/03 | |
| Residence: City | State CA | Country U.S. | Citizenship U.S. |
| Mailing Address 38 Executive Court | | | |
| City Napa | State CA | ZIP 94558 | Country U.S. |
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| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

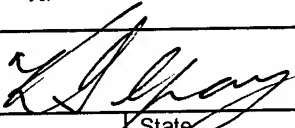
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| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) KEITH L. | | Family Name or Surname GRAY | |
| Inventor's Signature  | | Date 10/29/03 | |
| Residence: City | State CA | Country U.S. | Citizenship U.S. |
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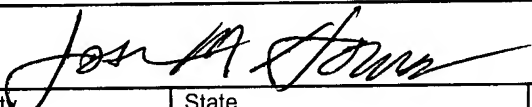
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| NAME OF SOLE OR FIRST INVENTOR: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) JOSE M. | | Family Name or Surname GOMES | |
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|------------------------|----------------------|
| Application Number | |
| Filing Date | |
| First Named Inventor | CHRISTOPHER BILLINGS |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10803 |

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27015

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with the above-mentioned Customer Number:

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OR


| | | | | |
|--|-------|-----|--|--|
| <input type="checkbox"/> Firm or Individual Name | | | | |
| Address | | | | |
| Address | | | | |
| City | State | Zip | | |
| Country | | | | |
| Telephone | Fax | | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|-------------------|
| Name | CHRISTOPHER BILLINGS | | |
| Signature |  | | |
| Date | 10-31-03 | Telephone | 707-259-4922 0281 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of Four (4) forms are submitted.

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The address associated with Customer Number:

OR

Firm or
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.
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SIGNATURE of Applicant or Assignee of Record

Name

KEITH I. GRAY

Signature

Date

10/29/03

Telephone

707-226-1144

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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|------------------------|-----------|--------------|
| Name | JOSE A. ROBLEDO | | |
| Signature | <i>Jose A. Robledo</i> | | |
| Date | 10/30/03 | Telephone | 707-226-1144 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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| Application Number | |
| Filing Date | |
| First Named Inventor | CHRISTOPHER BILLINGS |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | 10803 |

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27015

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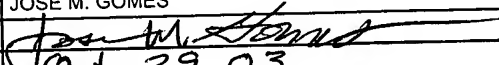


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SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|-----------|--------------|
| Name | JOSE M. GOMES | | |
| Signature |  | | |
| Date | Oct. 29, 03 | Telephone | 707-226-1144 |

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